New Jersey Public Employment Relations Commission NON-POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line # **SECTION I: Parties and Term of Contracts** Cape May County Public Employer: Township of Lower County: 27 Employee Organization: Lower Township AFSCME Number of Employees in Unit: 2 1/1/2016 - 12/31/2019 New Contract Term: 3 Base Year Contract Term: 1/1/2012 - 12/31/2015 **SECTION II: Type of Contract Settlement (please check only one)** Contract settled without neutral assistance 5 Contract settled with assistance of mediator 6 Contract settled with assistance of fact-finder Contract settled with assistance of super-conciliator 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? No Yes **SECTION III: Salary Base** The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases. Salary Costs in Base Year \$ 1,285,680.48 Longevity Costs in Base Year \$ 10 **Total Salary Base** \$1,285,680.48 11 SECTION IV: Salary Increases for Each year of New Agreement*

		Year 1		Year 2		Year 3		Year 4	
12	Effective Date (month/day/year)		1/1/2016		1/1/2017		1/1/2018		1/1/2019
13	Cost of Salary Increments (\$) Salary Increase Above Increments (\$)	\$	11,783.56	\$	22,285.06	\$	26,394.98	\$	26,922.88
14		\$	-	\$	-	\$	_	\$	_
15	Longevity Increase (\$) Total \$ Increase (sum of lines 13-	\$	-	\$	-	\$	-	\$	-
16		\$	11,783.56	\$	22,285.06	\$	26,394.98	\$	26,922.88
17	New Salary Base (\$) Percentage increase over prior year	\$ 1,2	97,464.04	\$	1,319,749.11	\$	1,346,144.09	\$ 1	,373,066.97
18			0.92%		1.72%		2.00%		2.00%

^{*}If conract duration is longer than five years, please add an additional page.

Employer:	Township of Lower	Employee Organization:	Lower Township Afscme	Page 3					
SECTION VI:	Medical Costs (continued	1							
28	Identify any insurance changes that were included in this C.N.A.								
	As of 2/1/16, the Townsh NJSHB,saving \$400,000	ip changed from a self-insured hea and reducing volatility.	alth and prescription program to						
	SECTION VII: Certificati	on and Signature							
29	The undersigned certifies that the foregoing figures are true:								
	Print Name:	Lauren Read							
	Position / Title:	CFO, Township of Lower							
	Signature: (Your Per (
	Date:	11/29/2017							
	Send this completed and si form to: contracts@perc.sta	gned form along with an electronic cop te.nj.us	y of the contract and the signed cert	ification					
	NJ Public Employment R	elations Commission							
	Conciliation and Arbitration								
	PO Box 429								

Revised 8/2016

Trenton, NJ 08625

Phone: 609-292-9898

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective negotiations agreement for the term beginning 1/1/2016 through 12/31/2019.

Employer:_	Township of Lower
County: _	Cape May County
Date: _	11/29/2017
Name: _	Lauren Read Print Name
Title: _	CFO, Township of Lower
Signature:	Yaur Res